FILE NOW: FILING FEE IS $61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **700220** **(7)**

1. Corporation Name

THE KIWANIS CLUB OF DUNEDIN, INC

Principal Place of Business	Mailing Address
3145 FIESTA DRIVE P.O. BOX 41 DUNEDIN FL 34697-7041	3145 FIESTA DRIVE P.O. BOX 41 DUNEDIN FL 34697-0041

3. Date Incorporated or Qualified: **12/07/1959**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-6168905** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRIMES, JON W.
3145 FIESTA DRIVE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PPD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	COLEMAN, ROD		1.2 NAME		
STREET ADDRESS	54 VALENCIA DRIVE		1.3 STREET ADDRESS	54 Valencia Drive	
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	Dunedin, Fl 34698	
TITLE	VP	☐ DELETE	2.1 TITLE	P/E/D	☒ Change ☐ Addition
NAME	BRAGG, TOM		2.2 NAME	Bragg, Thomas	
STREET ADDRESS	3451 LAKE DRIVE		2.3 STREET ADDRESS	3451 Lake Drive	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	Palm Harbor, Fl 34683	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GLEASON, LAURANCE		3.2 NAME		
STREET ADDRESS	2412 SUMMERWOOD CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP		
TITLE	PED	☐ DELETE	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	POWELL, RAYMOND		4.2 NAME	Powell, Raymond	
STREET ADDRESS	P.O. BOX 24494 N/A		4.3 STREET ADDRESS	P..O. Box 24494 N/A	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, Fl 33623-4494	
TITLE	PD	☐ DELETE	5.1 TITLE	pp/d	☒ Change ☐ Addition
NAME	KENNEDY, ALLAN		5.2 NAME	Kennedy, Allan	
STREET ADDRESS	2419 SUMMERWOOD COURT		5.3 STREET ADDRESS	2419 Summerwood Court	
CITY-ST-ZIP	DUNEDIN FL		5.4 CITY-ST-ZIP	Dunedin, Fl. 34698	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, JON W.		6.2 NAME		
STREET ADDRESS	3145 FIESTA DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE